Inclusivity Assessment Tool

The purpose of the *Inclusivity Assessment Tool* is to provide descriptive and detailed information to potential users of recreation programs, areas and facilities so that they may make better plans for enjoyable inclusive recreation.

The Inclusivity Assessment Tool is comprised of five sections:

Section A: Agency Information

Section B: Social Inclusion: Administrative Practices

Section C: Social Inclusion: Adaptive Equipment

Section D: Social Inclusion: Program Practices

Section E: Addition Information & Summary

Section F: Assessment Information

As you complete the assessment, please use the accompanying *Inclusivity Assessment Tool Guide* for specific definitions and instructions. Also, please work closely with agency personnel to gather the needed information. Some of the items can only be completed by talking with staff members who know the agency/facility well, or by looking at agency written materials.

Section A: Agency Information

Complete Section A only once, even though you may do several different programs or facilities for this agency.

A1	Name of facility or agency	Crystal Lake Park District
A2	Street address	1 E. Crystal Lake Avenue
A3	City	Crystal Lake
Α4	State and Zip	IL 60014
A5	County	McHenry
A6	Mailing address (if different from street address	
A7	Telephone number	(815) 459-0680
A8	Agency e-mail address	info@crystallakeparks.org
A9	Web site address	www.crystallakeparks.org
A10	Type of agency or facility	Park District
A11	Activities offered	Recreation, Cultural Arts, Athletics, Early Childhood, Senior Programs, Camps

Section B: Social Inclusion

Social Inclusion is comprised of three sections: administrative practices, adaptive equipment, and programming practices. For these three sections, you will need to interview managers and staff, observe programs or services, and review written materials. You will likely need to do Section B: Administrative Practices and Section C: Adaptive Equipment only once for an agency, but may need to do Section D: Program Practices for each unique grouping of programs or services the agency provides. See the accompanying *Guide* for more specific information and definitions.

ADMINISTRATIVE PRACTICES

B1. Agency mission and values			No	n/a
B1a	Does the agency mission clearly reflect a belief about inclusion of people with disabilities and other differences?	Х		
B1b	Do agency vision and values articulate support for inclusion of people with disabilities and other differences?	Х		
B1c	Comments/additional information about agency mission:			

B2. Staff			No	n/a
B2a	Does upper administration (e.g., board of directors, administrators, managers) show support for inclusion?			
B2b	When asked, do staff members state that serving people with disabilities is important?	X		
B2c	Is a point of contact designated to coordinate inclusion at the agency? (preferably a certified therapeutic recreation specialist)	Х		
B2d	If yes, list point of contact's name, job title, and email address: Northern Illinois Special Recreation Association 285 Memorial Drive, Crystal Lake, IL 60014 (815) 459-0373			
B2e	Are managers and front line staff trained in disability awareness and inclusion as a routine part of staff orientation?	Х		
B2f	If yes, list main topics covered in training: ADA, NISRA are covered in training along with program registration procedures for those requesting special accommodations or one on one assistance.			
B2g	When observed, or when asked in an interview, do staff members interact with people with disabilities in a helpful and respectful manner?	Х		
B2h	Comments/additional information about agency staff:			

ВЗ. А	Agency planning	Yes	No	n/a
ВЗа	Are people with disabilities and/or their families involved in agency planning efforts (e.g.,	Х		
201	board of directors, advisory board)?	8080000	100000000000000000000000000000000000000	1
B3b	List types of involvement: Requests for inclusion assistance, requests through NISRA			
ВЗс	Is the agency involved in ongoing plans for inclusion and accessibility?	Х		
B3d	If yes, has the agency made progress on identified areas in plan?	Х		
ВЗе	Comments/additional information about agency planning: When all planning takes place,		1	
	ADA and inclusion are always taken into consideration as part of the thought process.			
B/I /	Agency communication and marketing	Yes	No	n/a
B4a	Is person first language used in written materials?	X	INO	lija
B4b	Is person first language used in oral communication?	X		
B4c	Are alternative forms of communication available?	X		
B4d	List alternative forms of communication:	A SECTION		
Бта	large print computer screen with readerBraille			
	pictorial oral communication also provided in print			
	assisted listening devices TDD/TTY X_ sign language			
	close-captioned video language other than English:			
	X other: Website			
B4e	Do marketing and other printed materials reflect inclusion of people with disabilities (e.g,	X	A PORT NAME OF THE PARTY NAME	
	access information provided, people with disabilities pictured in publications or on web			
	site)?			
B4f	Is the agency web site accessible (e.g., simple design, consistent navigation, all text for	X		
B4g	graphics, high contrast, no flashing/blinking features)? Comments/additional information about communication and marketing:			
D4g	Comments/additional information about communication and marketing.			
B5. A	Agency policies and procedures	Yes	No	n/a
B5a	Are emergency warning and evacuation procedures in place for safe exit of people with	X		
	disabilities? (e.g., auditory and visual alarm systems, areas of rescue assistance identified)			
B5b	Are service dogs/animals allowed?	X		
B5c	Do personal care attendants attend free when accompanying a person with a disability?	X		
B5d	Do prices for services accommodate people with financial need?	X		
B5e	If applicable, are special dietary needs met?	X		
B5f	List other policies and procedures that are helpful to people with disabilities and their			
	families: Membership in NISRA			
B5g	Comments/additional information about agency policies and procedures:			L
555	commence and information about agency policies and procedures.			

B6. I	Evaluation	Yes	No	n/a	
B6a	Does the agency conduct evaluation on an ongoing basis and at the end of programs or	Х			
	services?				
B6b	If yes, are evaluation results used to improve programs and services?	X			
В6с	Does evaluation include feedback on inclusion, accessibility or use of supports and accommodations?	Х			
B6d	Comments/additional information about agency evaluation of inclusion:				

B7. Partnerships and collaboration			No	n/a
В7а	7a Does the agency have partnerships with disability organizations?			
B7b	List partnerships and purpose of partnerships: Northern Illinois Special Recreation Association (NISRA) – to provide programming, guidance and inclusion services			
В7с	Does the agency have partnerships with other community or area organizations?	X		
B7d	List partnerships and purpose of partnerships: School District #47 – facility use sharing, before and after school care, general recreation programming.			
В7е	Does the agency reach out to create new partnerships?	X	-	
B7f	Comments/additional information about agency partnerships and collaboration:			

B8.	Notes	about	adminis	trative	practices

(Any additional administrative practices you	noted at the agency that are not listed above that you feel are helpful to
people with disabilities and their families)	

Section C: Adaptive Equipment Yes No n/a Is adaptive equipment available to allow fuller participation? X C2 List adaptive equipment available: Limitations with equipment **Equipment:** How to access equipment (weight, size, etc.) a. Bus with lift b. Fishing Piers c. Big Wheel Sand Chair **Contact Facility Staff** d. Lift - Col. Palmer House **Contact Facility Staff** e. Synthetic Turf ball fields f. g. h. i. k. I. m. n.

(add additional sheets if needed)

o. p. q. r.

C3 Comments/additional information about adaptive equipment:

Complete the Program Practices Section once for each uniquely different type of program at the agency. See the accompanying Guide for more specific information and definitions. Agency: X Offers programs (Complete Section D) Does not offer programs (skip to Section E) Section D: Program Practices D1. Name of Program(s): Athletics D2. Registration Yes No n/a Does the registration or sign-up form ask if additional assistance or accommodations may be X needed for participation in the program or activity? Is individualized assessment of needs for participation completed, if needed? D₂b X D₂c Comments/additional information about registration/needs assessment: D3. Program staffing No n/a Yes If needed, does staff conduct pre-program meetings or orientations with participants with X disabilities, prior to starting a program or activity? D₃b Does program staff model accepting and inclusive behavior? X When asked, is program staff able to list ways it modifies programs for people with D3c X disability? Comments/additional information about program staff: D3d D4. Supports available Yes No n/a D4a Are additional staff or volunteers available to assist in inclusion, if needed? Х D4b Are peer orientations about disability and inclusion available, if needed? X D4c Do peers help provide assistance with inclusion? X D4d Are positive behavioral supports used in the program or activity, if needed? X Is a quiet area available for calming or relaxation needs: D4e X Briefly describe: Depends upon facility D3f Comments/additional information about supports:

D5. /	Activity accommodations				n/a		
D5a	Are activities modified to individual needs if needed?						
D5b	Typical modifications provided:	Typical modifications provided:					
		levelrules of activity activity space					
	can be cooperative or compet	itive other:					
D5c		for socialization between participants?	Х				
D5d	Are alternative forms of communic	cation used during activities if needed?	X				
D5e	Is task/activity analysis used to def	termine needs?	X				
D5f	Is partial participation accommoda	ited as needed?	X				
D5g	Comments/additional information	about activity accommodations:					
D6. 9	Specialized programs or services		Yes	No	n/a		
D6a		ms for people with disabilities provided?	Х				
D6b	List and describe specialized progr	ams:					
	Program:	Brief description:					
	I NISRA	Varies					
	li	Varies					
	iii						
	iv						
	v						
	(add additional sheets if needed)						
D6c	D6c Comments/additional information about specialized programs: Provided by NISRA						
D7. N	lotes about program practices						
		ted at the agency that are not listed above that you feel ar	e helpf	ul to			
	e with disabilities and their families						
F1. S	ummary						

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Please provide a brief description of the agency:

Inclusivity Assessment Tool

E2. Additional Information		
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Please provide any additional information impo	ortant to understanding inclusion at this agency	

F1. Date of assessment	6/2013
F2. Name of assessor	Kim Buscemi
F3. Email of assessor	kbuscemi@crystallakeparks.org
F4. Name of staff person interviewed for assessment	Joe Davison
F5. Email of staff person interviewed	jdavison@crystallakeparks.org
F6. Job title of person interviewed	Recreation Supervisor
F7. Describe any information about inclusivity you provided to the agency during this assessment	
F8. Describe any changes that will be made at this agency as a result of this assessment	
F9. Additional areas or facilities to assess at this agency that you did not do on this visit:	
F10. Comments about Inclusivity assessment process:	1

Busiemi	6/25/13
Signature of assessor	Date
	6/25/13
Signature of person interviewed	Date

Complete the Program Practices Section once for each uniquely different type of program at the agency. See the accompanying Guide for more specific information and definitions. Agency: X Offers programs (Complete Section D) ___ Does not offer programs (skip to Section E) Section D: Program Practices D1. Name of Program(s): Special Events and Teens D2. Registration Yes No n/a Does the registration or sign-up form ask if additional assistance or accommodations may be X needed for participation in the program or activity? D₂b Is individualized assessment of needs for participation completed, if needed? X D₂c Comments/additional information about registration/needs assessment: D3. Program staffing Yes No n/a If needed, does staff conduct pre-program meetings or orientations with participants with X disabilities, prior to starting a program or activity? D₃b Does program staff model accepting and inclusive behavior? X D₃c When asked, is program staff able to list ways it modifies programs for people with X disability? Comments/additional information about program staff: D3d D4. Supports available Yes n/a No D4a Are additional staff or volunteers available to assist in inclusion, if needed? Х D4b Are peer orientations about disability and inclusion available, if needed? X D4c Do peers help provide assistance with inclusion? X D4d Are positive behavioral supports used in the program or activity, if needed? X

D4e

D3f

Is a quiet area available for calming or relaxation needs:

Briefly describe: Staff will assess facility space prior to the start of a program to

Comments/additional information about supports: NISRA is available when needed

determine the best space to use given the participants specific situation.

X

D5. /	Activity accommodations		Yes	No	n/a
D5a	Are activities modified to individua	I needs if needed?	Х		
D5b	Typical modifications provided:				
		evel X rules of activity X activity space			
	can be cooperative or competit	tive other:			
D5c		for socialization between participants?	X		
D5d	Are alternative forms of communic	ation used during activities if needed?	X		
D5e	Is task/activity analysis used to dete	ermine needs?	X		
D5f	Is partial participation accommodate	ted as needed?	Х		
D5g	Comments/additional information	about activity accommodations: NISRA will assist if	10		
	needed				
	Specialized programs or services		Yes	No	n/a
D6a		ns for people with disabilities provided?	X		
D6b	List and describe specialized progra	ms:			
	Program:	Brief description:			
	I NISRA	Direct description.			
	li				
	iii				
	iv				
	v				
	(add additional sheets if needed)				
D6c	Comments/additional information a	about specialized programs: Provided by NISRA			
4					
D7. N	Notes about program practices				
(Any	additional program practices you not	ted at the agency that are not listed above that you feel a	re helpf	ul to	
peop	le with disabilities and their families)				
			*		
	ummary				
Please	e provide a brief description of the ag	gency:			

Inclusivity Assessment Tool

E2. Additional Information			
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	ation important to underst	anding inclusion at this agence	A/-
Please provide any additional informa	tion important to underst	anding inclusion at this agend	у
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F1. Date of assessment	6/2013
F2. Name of assessor	Kim Buscemi
F3. Email of assessor	kbuscemi@crystallakeparks.org
F4. Name of staff person interviewed for assessment	Connie Cooke
F5. Email of staff person interviewed	ccooke@crystallakeparks.org
F6. Job title of person interviewed	Recreation Supervisor
F7. Describe any information about inclusivity you provided to the agency during this assessment	
F8. Describe any changes that will be made at this agency as a result of this assessment	
F9. Additional areas or facilities to assess at this agency that you did not do on this visit:	
F10. Comments about Inclusivity assessment process:	
A .	

Busano	6/25/13
Signature of assessor	Date

Signature of person interviewed

Date

Complete the Program Practices Section once for each uniquely different type of program at the agency. See the accompanying Guide for more specific information and definitions. Agency: X Offers programs (Complete Section D) ____ Does not offer programs (skip to Section E) **Section D: Program Practices** D1. Name of Program(s): General Interest and Seniors (Trips, Fitness, Dance, Seminars, Water Sports) D2. Registration n/a Yes No Does the registration or sign-up form ask if additional assistance or accommodations may be X needed for participation in the program or activity? D₂b Is individualized assessment of needs for participation completed, if needed? X D₂c Comments/additional information about registration/needs assessment: D3. Program staffing Yes No n/a If needed, does staff conduct pre-program meetings or orientations with participants with X disabilities, prior to starting a program or activity? D₃b Does program staff model accepting and inclusive behavior? X D₃c When asked, is program staff able to list ways it modifies programs for people with X disability? D3d Comments/additional information about program staff:

Supports available	Yes	No	n/a
Are additional staff or volunteers available to assist in inclusion, if needed?	Х		
Are peer orientations about disability and inclusion available, if needed?	Х		
Do peers help provide assistance with inclusion?	X		
Are positive behavioral supports used in the program or activity, if needed?	Х		
Is a quiet area available for calming or relaxation needs: Briefly describe: The instructor finds an appropriate space in the facility they are teaching in.			
Comments/additional information about supports:			
	Are peer orientations about disability and inclusion available, if needed? Do peers help provide assistance with inclusion? Are positive behavioral supports used in the program or activity, if needed? Is a quiet area available for calming or relaxation needs: Briefly describe: The instructor finds an appropriate space in the facility they are teaching in.	Are peer orientations about disability and inclusion available, if needed? Are peer orientations about disability and inclusion available, if needed? Do peers help provide assistance with inclusion? Are positive behavioral supports used in the program or activity, if needed? Is a quiet area available for calming or relaxation needs: Briefly describe: The instructor finds an appropriate space in the facility they are teaching in.	Are peer orientations about disability and inclusion available, if needed? Are peer orientations about disability and inclusion available, if needed? Do peers help provide assistance with inclusion? Are positive behavioral supports used in the program or activity, if needed? Is a quiet area available for calming or relaxation needs: Briefly describe: The instructor finds an appropriate space in the facility they are teaching in.

D5. /	Activity accommodations		Yes	No	n/a
D5a	Are activities modified to individu	al needs if needed?	Х		
D5b	Typical modifications provided:				
		l levelrules of activity _X_ activity space			
	can be cooperative or compe	titive other:	-		
D5c	Do activities allow structured time	e for socialization between participants?			
			X	-	-
D5d		ication used during activities if needed?	X	-	
D5e	Is task/activity analysis used to de		X		
D5f	Is partial participation accommod	ated as needed?	X		
D5g	Comments/additional information	about activity accommodations:			
De s	Specialized programs or services		Vaa	Na	-/-
D6. 3		ams for people with disabilities provided?	Yes	No	n/a
D6b	List and describe specialized progre	THE COURSE OF THE PARTY OF THE			
	Program:	Brief description:			
	I NISRA				
	li				
	iii	and the second s			
	iv				
	(odd odditional shoots if nooded)				
	(add additional sheets if needed)				
D6c	Comments/additional information	about specialized programs:			
		. and a separation p. 50. a.mo.			
	Provided by NISRA				
	*				
D7 N	Notes about program practices				
		oted at the agency that are not listed above that you fee	Lare helpf	ul to	
1.2	le with disabilities and their familie		rare neipi	ui to	
		*			

E1. Summary

Please provide a brief description of the agency:
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E2. Additional Information
E2. Additional Information Please provide any additional information important to understanding inclusion at this agency
E2. Additional Information Please provide any additional information important to understanding inclusion at this agency

F1. Date of assessment	6/2013
F2. Name of assessor	Kim Buscemi
F3. Email of assessor	kbuscemi@crystallakeparks.org
F4. Name of staff person interviewed for assessment	Jennifer Silka
F5. Email of staff person interviewed	jsilka@crystallakeparks.org
F6. Job title of person interviewed	Recreation Supervisor
F7. Describe any information about inclusivity you provided to the agency during this assessment	
F8. Describe any changes that will be made at this agency as a result of this assessment	
F9. Additional areas or facilities to assess at this agency that you did not do on this visit:	
F10. Comments about Inclusivity assessment process:	

10	
KBUSIEME	
Signature of assessor	Date

Signature of person interviewed Date

Complete the Program Practices Section once for each uniquely different type of program at the agency. See the accompanying Guide for more specific information and definitions. Agency: X Offers programs (Complete Section D) ___ Does not offer programs (skip to Section E) Section D: Program Practices D1. Name of Program(s): Extended Time, Childcare, Camps and Art D2. Registration Yes No n/a D2a Does the registration or sign-up form ask if additional assistance or accommodations may be X needed for participation in the program or activity? D₂b Is individualized assessment of needs for participation completed, if needed? X D₂c Comments/additional information about registration/needs assessment: We work with NISRA and the school district Oasis program to duplicate services already in place. Consistency for the child is key. D3. Program staffing Yes No n/a If needed, does staff conduct pre-program meetings or orientations with participants with X disabilities, prior to starting a program or activity? D₃b Does program staff model accepting and inclusive behavior? X D₃c When asked, is program staff able to list ways it modifies programs for people with X disability? D3d Comments/additional information about program staff: NISRA and the school district train our staff, observe in our setting and recommend accommodations. D4. Supports available Yes No n/a D4a Are additional staff or volunteers available to assist in inclusion, if needed? X D4b Are peer orientations about disability and inclusion available, if needed? X D4c Do peers help provide assistance with inclusion? X D4d Are positive behavioral supports used in the program or activity, if needed? X

Is a quiet area available for calming or relaxation needs:

Comments/additional information about supports:

D4e

D3f

Briefly describe: Yes, we have areas where we can speak privately with the child.

D5.	Activity accommodations		Yes	No	n/a
D5a	Are activities modified to individual	I needs if needed?	X		
D5b	Typical modifications provided:				
		level X_rules of activity X_ activity space			
	X can be cooperative or compe	titive X other:	-		
D5c	Do activities allow structured time	for socialization between participants?	Х	57000	
D5d	Are alternative forms of communic	ation used during activities if needed?	Х		
D5e	Is task/activity analysis used to dete	ermine needs?	Х		
D5f	Is partial participation accommoda	ted as needed?	Х		
D5g	CP child for hiking. We take our no	about activity accommodations: We use golf cart for a on-napping autistic/non-verbal childcare participant to visual cues as necessary. We redirect when their ommodate food needs.			
D6. 5	Specialized programs or services		Yes	No	n/a
D6a	Are specialized/segregated program	ns for people with disabilities provided?	Х	- Constitution	
D6b	List and describe specialized progra	ms:			-
	Program:	Brief description:			
	I NISRA				
	li				
	iii				
	iv				
	(odd odditional shoots if nooded)				
	(add additional sheets if needed)				
D6c	Comments/additional information a	about specialized programs:			
D7. I	Notes about program practices				
The state of the s	맛이 아이들이 많은 것이 되었다면 그렇게 되었다면 가지 않는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하	ted at the agency that are not listed above that you feel ar	e helpf	ul to	
peop	le with disabilities and their families)				
					- 1

E1. Summary
Please provide a brief description of the agency:
FO. Additional Later and Company of the Company of
E2. Additional Information
Please provide any additional information important to understanding inclusion at this agency

F3. Email of assessor F4. Name of staff person interviewed for assessment F5. Email of staff person interviewed F6. Job title of person interviewed Recre	uscemi emi@crystallakeparks.org hompson npson@crystallakeparks.org ation Supervisor
F4. Name of staff person interviewed for assessment F5. Email of staff person interviewed F6. Job title of person interviewed Recre	hompson npson@crystallakeparks.org
F5. Email of staff person interviewed sthon F6. Job title of person interviewed Recre	npson@crystallakeparks.org
F6. Job title of person interviewed Recre	
	ation Supervisor
F7. Describe and information about including	
F7. Describe any information about inclusivity you provided to the agency during this assessment	
F8. Describe any changes that will be made at this agency as a result of this assessment	
F9. Additional areas or facilities to assess at this agency that you did not do on this visit:	
F10. Comments about Inclusivity assessment process:	

Busiom!	6/25/23
Signature of assessor	Date

Signature of person interviewed

6 (25/13)

Date

Complete the Program Practices Section once for each uniquely different type of program at the agency. See the accompanying Guide for more specific information and definitions. Agency: X Offers programs (Complete Section D) __ Does not offer programs (skip to Section E) Section D: Program Practices D1. Name of Program(s): Family Golf Center D2. Registration Yes No n/a Does the registration or sign-up form ask if additional assistance or accommodations may be D2a X needed for participation in the program or activity? D₂b Is individualized assessment of needs for participation completed, if needed? X D₂c Comments/additional information about registration/needs assessment: Cooperate with **NISRA** D3. Program staffing Yes No n/a If needed, does staff conduct pre-program meetings or orientations with participants with X disabilities, prior to starting a program or activity? D₃b Does program staff model accepting and inclusive behavior? X D₃c When asked, is program staff able to list ways it modifies programs for people with X disability? Comments/additional information about program staff: D3d D4. Supports available Yes No n/a Are additional staff or volunteers available to assist in inclusion, if needed? X D₄b Are peer orientations about disability and inclusion available, if needed? X D4c Do peers help provide assistance with inclusion? X D4d Are positive behavioral supports used in the program or activity, if needed? X D4e Is a quiet area available for calming or relaxation needs: Briefly describe: Outdoor areas removed from other activities D3f Comments/additional information about supports:

D5. /	. Activity accommodations Yes N		No	n/a	
D5a	Are activities modified to individual needs if needed?				
D5b	Typical modifications provided:				
		evel X_rules of activity activity space			
	X can be cooperative or competitive other:				
D5c	Do activities allow structured time f	or socialization between participants?	X		
D5d	Are alternative forms of communication	ation used during activities if needed?	X		-
D5e	Is task/activity analysis used to dete				
D5f	Is partial participation accommodat		X	-	
D5g		about activity accommodations: All analysis and altering	^		
Dog	is okayed by NISRA	about activity accommodations. All analysis and altering			
	is onayed by money				
D.C. (
D6. S	Specialized programs or services	ns for people with disabilities provided?	Yes	No	n/a
D6b	List and describe specialized program		Α		
DOD	List and describe specialized progra				
	Program:	Brief description:			
	I NISRA				
	li				
	iii				
	iv				
	V				
	(add additional sheets if needed)				
D6c	Comments/additional information a	about specialized programs: One of the two 18 hole			
1 - 182/6	mini-golf courses is ADA accessible	### #################################			
D7. N	Notes about program practices	.00			
		ed at the agency that are not listed above that you feel are	e helpf	ul to	
	le with disabilities and their families)	1			

E1. Summary
Please provide a brief description of the agency:
E2. Additional Information
Please provide any additional information important to understanding inclusion at this agency

F1. Date of assessment	6/2013
F2. Name of assessor	Jack Sebesta
F3. Email of assessor	jsebesta@crystalllakeparks.org
F4. Name of staff person interviewed for assessment	Jack Sebesta
F5. Email of staff person interviewed	jsebesta@crystalllakeparks.org
F6. Job title of person interviewed	Superintendent of Facility Services
F7. Describe any information about inclusivity you provided to the agency during this assessment	
F8. Describe any changes that will be made at this agency as a result of this assessment	
F9. Additional areas or facilities to assess at this agency that you did not do on this visit:	· ·
F10. Comments about Inclusivity assessment process:	

Signature of assessor	<u>C/25/13</u> Date
Signature of person interviewed	 Date

Complete the Program Practices Section once for each uniquely different type of program at the agency. See the accompanying Guide for more specific information and definitions. Agency: X Offers programs (Complete Section D) ___ Does not offer programs (skip to Section E) **Section D: Program Practices** D1. Name of Program(s): Barlina House Preschool D2. Registration Yes No n/a Does the registration or sign-up form ask if additional assistance or accommodations may be D2a X needed for participation in the program or activity? D₂b Is individualized assessment of needs for participation completed, if needed? X D₂c Comments/additional information about registration/needs assessment: Coordinate with NISRA D3. Program staffing Yes No n/a If needed, does staff conduct pre-program meetings or orientations with participants with D3a X disabilities, prior to starting a program or activity? D₃b Does program staff model accepting and inclusive behavior? X D₃c When asked, is program staff able to list ways it modifies programs for people with X disability? Comments/additional information about program staff: D3d D4. Supports available Yes No n/a Are additional staff or volunteers available to assist in inclusion, if needed? Х D4b Are peer orientations about disability and inclusion available, if needed? X Do peers help provide assistance with inclusion? D4c X D4d Are positive behavioral supports used in the program or activity, if needed? X D4e Is a quiet area available for calming or relaxation needs: Briefly describe: There is a separate area on each level of the facility D3f Comments/additional information about supports:

D5A Are activities modified to individual needs if needed? X	D5. /	Activity accommodations Yes No n/			n/a		
X length of activity X skill level X rules of activity X activity space can be cooperative or competitive other:	D5a	Are activities modified to individual	needs if needed?	X			
can be cooperative or competitiveother:	D5b	Typical modifications provided:					
D5c Do activities allow structured time for socialization between participants? D5d Are alternative forms of communication used during activities if needed? D5e Is task/activity analysis used to determine needs? D5f Is partial participation accommodated as needed? D5g Comments/additional information about activity accommodations: All analysis and altering is approved via NISRA D6. Specialized programs or services D6a Are specialized programs or services D6a Are specialized/segregated programs for people with disabilities provided? D6b List and describe specialized programs: Program: I NISRA III III III III IV V (add additional sheets if needed) D6c Comments/additional information about specialized programs: Provided by NISRA Comments/additional information about specialized programs: Provided by NISRA D7. Notes about program practices (Any additional program practices you noted at the agency that are not listed above that you feel are helpful to							
D5d Are alternative forms of communication used during activities if needed? X		can be cooperative or competitive other:					
D5e Is task/activity analysis used to determine needs? D5f Is partial participation accommodated as needed? Comments/additional information about activity accommodations: All analysis and altering is approved via NISRA D6. Specialized programs or services P6. Are specialized programs or services D6b Itist and describe specialized programs for people with disabilities provided? V8 No n/a D6b Itist and describe specialized programs: P7 orgram: I NISRA I I NISRA I I I NIS	D5c	Do activities allow structured time f	for socialization between participants?	Х			
D5f Is partial participation accommodated as needed? X	D5d	Are alternative forms of communication	ation used during activities if needed?	Х			
D5g Comments/additional information about activity accommodations: All analysis and altering is approved via NISRA D6. Specialized programs or services Yes No n/a D6a Are specialized/segregated programs for people with disabilities provided? X D6b List and describe specialized programs: Program: Brief description: NISRA	D5e	Is task/activity analysis used to dete	ermine needs?	Х			
D6. Specialized programs or services Possible Are specialized/segregated programs for people with disabilities provided? X D6b List and describe specialized programs: Program: Brief description: I NISRA Ii Iii	D5f	Is partial participation accommodat	red as needed?	Х			
D6a Are specialized/segregated programs for people with disabilities provided? List and describe specialized programs: Program: Brief description:	D5g	Comments/additional information about activity accommodations: All analysis and altering					
D6a Are specialized/segregated programs for people with disabilities provided? List and describe specialized programs: Program: Brief description:	D6. 9	Specialized programs or services		Yes	No	n/a	
Program: I NISRA Ii iii iv v (add additional sheets if needed) D6c Comments/additional information about specialized programs: Provided by NISRA D7. Notes about program practices (Any additional program practices you noted at the agency that are not listed above that you feel are helpful to			ns for people with disabilities provided?				
I NISRA ii	D6b	List and describe specialized progra	ms:	æ			
I NISRA ii		Program:	Brief description:	1			
iii iv v (add additional sheets if needed) Comments/additional information about specialized programs: Provided by NISRA D7. Notes about program practices (Any additional program practices you noted at the agency that are not listed above that you feel are helpful to			Division description	1			
iv v (add additional sheets if needed) D6c Comments/additional information about specialized programs: Provided by NISRA D7. Notes about program practices (Any additional program practices you noted at the agency that are not listed above that you feel are helpful to		li					
v (add additional sheets if needed) D6c Comments/additional information about specialized programs: Provided by NISRA D7. Notes about program practices (Any additional program practices you noted at the agency that are not listed above that you feel are helpful to		iii		1			
(add additional sheets if needed) D6c Comments/additional information about specialized programs: Provided by NISRA D7. Notes about program practices (Any additional program practices you noted at the agency that are not listed above that you feel are helpful to		iv					
D6c Comments/additional information about specialized programs: Provided by NISRA D7. Notes about program practices (Any additional program practices you noted at the agency that are not listed above that you feel are helpful to		10.70					
D7. Notes about program practices (Any additional program practices you noted at the agency that are not listed above that you feel are helpful to		(add additional sheets if needed)					
(Any additional program practices you noted at the agency that are not listed above that you feel are helpful to	D6c	Comments/additional information about specialized programs: Provided by NISRA					
(Any additional program practices you noted at the agency that are not listed above that you feel are helpful to	D7. N	Notes about program practices					
people with disabilities and their families)							
	peop						

E1. Summary
Please provide a brief description of the agency:
E2. Additional Information
Please provide any additional information important to understanding inclusion at this agency

6/2013
Jack Sebesta
jsebesta@crystalllakeparks.org
Jack Sebesta
jsebesta@crystalllakeparks.org
Superintendent of Facilites

Signature of assessor	6/25/)3 Date
Signature of person interviewed	Date

Complete the Program Practices Section once for each uniquely different type of program at the agency. See the accompanying Guide for more specific information and definitions. Agency: X Offers programs (Complete Section D) ___ Does not offer programs (skip to Section E) Section D: Program Practices D1. Name of Program(s): The Racket Club - Tennis Facility D2. Registration Yes No n/a Does the registration or sign-up form ask if additional assistance or accommodations may be X needed for participation in the program or activity? D₂b Is individualized assessment of needs for participation completed, if needed? X D₂c Comments/additional information about registration/needs assessment: Cooperative with **NISRA** D3. Program staffing Yes No n/a If needed, does staff conduct pre-program meetings or orientations with participants with X disabilities, prior to starting a program or activity? D₃b Does program staff model accepting and inclusive behavior? X D₃c When asked, is program staff able to list ways it modifies programs for people with X disability? D3d Comments/additional information about program staff: D4. Supports available Yes No n/a Are additional staff or volunteers available to assist in inclusion, if needed? D4a X D4b Are peer orientations about disability and inclusion available, if needed? X D4c Do peers help provide assistance with inclusion? X D4d Are positive behavioral supports used in the program or activity, if needed? X Is a quiet area available for calming or relaxation needs: D4e Briefly describe: There are both indoor and outdoor areas available D3f Comments/additional information about supports:

D5. A	5. Activity accommodations		Yes	No	n/a
D5a	Are activities modified to individua	I needs if needed?	х		
D5b					
D5c	Do activities allow structured time	for socialization between participants?	Х	1924,5559	
D5d	Are alternative forms of communic	ation used during activities if needed?	Х		
D5e	Is task/activity analysis used to dete	ermine needs?	X		
D5f	Is partial participation accommoda	ted as needed?	Х		
D5g					
D6. S	Specialized programs or services		Yes	No	n/a
D6a	Are specialized/segregated program	ns for people with disabilities provided?	Х		
D6b	List and describe specialized progra	ms:	•		
	Programe	Brief description:	P		
	Program: I NISRA	Brief description:			
	li				
	iii				
	iv				
	v				
	(add additional sheets if needed)				
D6c	Comments/additional information about specialized programs: Supplied by NISRA and CLPD staff.				
י לם	lotes about program practices				
	D7. Notes about program practices (Any additional program practices you noted at the agency that are not listed above that you feel are helpful to				
	people with disabilities and their families)				

E1. Summary	
Please provide a brief description of the agency:	
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E2. Additional Information	
E2. Additional Information Please provide any additional information important to understanding inclusion at this agency	
Please provide any additional information important to understanding inclusion at this agency	

F1. Date of assessment	6/2013
F2. Name of assessor	Jack Sebesta
F3. Email of assessor	isebesta@crystalllakeparks.org
F4. Name of staff person interviewed for assessment	Jack Sebesta
F5. Email of staff person interviewed	jsebesta@crystalllakeparks.org
F6. Job title of person interviewed	Superintendent of Facilities
F7. Describe any information about inclusivity you provided to the agency during this assessment	
F8. Describe any changes that will be made at this agency as a result of this assessment	2
F9. Additional areas or facilities to assess at this agency that you did not do on this visit:	
F10. Comments about Inclusivity assessment process:	

Signature of assessor	<u> </u>
Signature of person interviewed	 Date

Complete the Program Practices Section once for each uniquely different type of program at the agency. See the accompanying Guide for more specific information and definitions. Agency: X Offers programs (Complete Section D) ___ Does not offer programs (skip to Section E) Section D: Program Practices D1. Name of Program(s): Museums (Nature Center and Col. Palmer House) D2. Registration n/a Yes No D2a Does the registration or sign-up form ask if additional assistance or accommodations may be X needed for participation in the program or activity? Is individualized assessment of needs for participation completed, if needed? D₂b X D2c Comments/additional information about registration/needs assessment: Cooperative with **NISRA** D3. Program staffing Yes No n/a If needed, does staff conduct pre-program meetings or orientations with participants with X disabilities, prior to starting a program or activity? D₃b Does program staff model accepting and inclusive behavior? X D₃c When asked, is program staff able to list ways it modifies programs for people with X disability? D3d Comments/additional information about program staff: D4. Supports available Yes No n/a D4a Are additional staff or volunteers available to assist in inclusion, if needed? X D4b Are peer orientations about disability and inclusion available, if needed? X D4c Do peers help provide assistance with inclusion? X D4d Are positive behavioral supports used in the program or activity, if needed? X Is a quiet area available for calming or relaxation needs: D4e Briefly describe: Areas within building and outdoor areas are available D3f Comments/additional information about supports:

D5. /	Activity accommodations		Yes	No	n/a
D5a			Х		
D5b		level X rules of activity X activity space titive other:	-		
D5c	Do activities allow structured time	for socialization between participants?	х		
D5d	Are alternative forms of communic	ation used during activities if needed?	X		
D5e	Is task/activity analysis used to det	ermine needs?	Х		
D5f	Is partial participation accommoda	ted as needed?	Х		
D5g	Comments/additional information about activity accommodations: All analysis and altering approved by NISRA				
D6. 9	Specialized programs or services		Yes	No	n/a
D6a D6b	Are specialized/segregated programulation List and describe specialized programulations are specialized programulations.	ns for people with disabilities provided?	X		
	Program:	Brief description:]		
	I NISRA		-		
	iii		1		
	iv		1		
	V				
	(add additional sheets if needed)				
D6c	Comments/additional information	about specialized programs: Supplied by NISRA			
(Any	Notes about program practices additional program practices you not le with disabilities and their families)	ted at the agency that are not listed above that you feel a	are helpf	ul to	

E1. Summary	
Please provide a brief description of the agency:	
yr	
E2. Additional Information	
Please provide any additional information important to understanding inclusion at this agency	
Thease provide any additional information important to understanding inclusion at this agency	
8	

F1. Date of assessment	6/2013
F2. Name of assessor	Jack Sebesta
F3. Email of assessor	jsebesta@crystalllakeparks.org
F4. Name of staff person interviewed for assessment	Jack Sebesta
F5. Email of staff person interviewed	jsebesta@crystalllakeparks.org
F6. Job title of person interviewed	Superintendent of Facility Services
F7. Describe any information about inclusivity you provided to the agency during this assessment	
F8. Describe any changes that will be made at this agency as a result of this assessment	
F9. Additional areas or facilities to assess at this agency that you did not do on this visit:	
F10. Comments about Inclusivity assessment process:	

Signature of assessor	
Signature of person interviewed	 Date

Complete the Program Practices Section once for each uniquely different type of program at the agency. See the accompanying Guide for more specific information and definitions. Agency: X Offers programs (Complete Section D) ___ Does not offer programs (skip to Section E) Section D: Program Practices D1. Name of Program(s): Aquatics D2. Registration Yes No n/a Does the registration or sign-up form ask if additional assistance or accommodations may be D2a X needed for participation in the program or activity? D2b Is individualized assessment of needs for participation completed, if needed? X D2c Comments/additional information about registration/needs assessment: Group rentals are asked to complete a risk wavier form. They indicated seizure prone swimmers and how they are identified. D3. Program staffing n/a Yes No If needed, does staff conduct pre-program meetings or orientations with participants with D3a X disabilities, prior to starting a program or activity? D₃b Does program staff model accepting and inclusive behavior? X When asked, is program staff able to list ways it modifies programs for people with D3c X D3d Comments/additional information about program staff: NISRA conducted training on seizure prone swimmers. D4. Supports available Yes No n/a D4a Are additional staff or volunteers available to assist in inclusion, if needed? X D4b Are peer orientations about disability and inclusion available, if needed? X D4c Do peers help provide assistance with inclusion? X D4d Are positive behavioral supports used in the program or activity, if needed? X D4e Is a quiet area available for calming or relaxation needs: X Briefly describe: First Aid location in facility D3f Comments/additional information about supports:

D5. A	Activity accommodations		Yes	No	n/a
D5a	Are activities modified to individual	needs if needed?	Х		
D5b	Typical modifications provided:				
	X length of activity X skill le	evel X_rules of activity X_ activity space			
	X can be cooperative or compet	itive other:			
D5c	Department of the state of the	or socialization between participants?	X		
D5d	Are alternative forms of communication	tion used during activities if needed?	X		
D5e	Is task/activity analysis used to dete	rmine needs?	X		
D5f	Is partial participation accommodate	ed as needed?	Х		
D5g	Comments/additional information a	bout activity accommodations:			
	3				
D6 9	Specialized programs or services		Voc	No	2/2
D6. 3		s for people with disabilities provided?	Yes	No	n/a
D6b	List and describe specialized program				
30 800					
	Program:	Brief description:			
	I NISRA	L. C.			
	li				
	iii		_		
	iv		-		
	(odd odditional abouts if you dod)				
	(add additional sheets if needed)				
D6c	Comments/additional information a	bout specialized programs: Supplied by NISRA			
500	commence, additional information a	bout specialized programs. Supplied by Histin			
D7 N	Notes about program practices				
		ed at the agency that are not listed above that you feel a	re helnf	iul to	
	(Any additional program practices you noted at the agency that are not listed above that you feel are helpful to people with disabilities and their families)				
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E2. Additional Information Please provide any additional information important to understanding inclusion at this agency	
	Please provide a brief description of the agency:
	E2. Additional Information

Section F: Assessment Information		
F1. Date of assessment	6/2013	
F2. Name of assessor	Kim Buscemi	
F3. Email of assessor	kbuscemi@crystalllakeparks.org	
F4. Name of staff person interviewed for assessment	Kim Buscemi	
F5. Email of staff person interviewed	kbuscemi@crystalllakeparks.org	
F6. Job title of person interviewed	Superintendent of Recreation Services	
F7. Describe any information about inclusivity you provided to the agency during this assessment	s ·	
F8. Describe any changes that will be made at this agency as a result of this assessment		
F9. Additional areas or facilities to assess at this agency that you did not do on this visit:		
F10. Comments about Inclusivity assessment process:		
Signature of assessor Am Busum 6/25/13 Date		

Signature of person interviewed

Date

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